Service Evaluation & Formulation of Strategies Development Plan for Lok Hong ICCMW
Tung Wah Group of Hospitals

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Background

• 2010: SWD launched ICCMWs
  • 24 teams covering HK
  • Incorporated previous ‘3-COMs’
  • Extended its mission to be a one-stop mental health service center

• Key service components
  1. Casework
  2. OT
  3. Program

• Service users
  • Both SMI & CMD
  • Crisis/emergency, acute ↔ chronic condition
  • High functioning ↔ Severely impaired
Theoretical merits (to be tested)

- **Case/care management approach** for persons with chronic SMI & significant impairment
  - Theoretical framework of previous ‘3-COMs’
  - Well researched across countries & cultures
  - Efficacy: YES
  - Service modality:
    - Assertive outreach, daily HV (or more)
  - Sustainability?

- Theoretical merits of ICCMW
  - Synergy among 3 components → Efficiency & effectiveness↑
Multimodal research methods - quantitative & qualitative

1. First staff retreat (Nov. 2012)
   • SWOT analysis
   • Formulating action plans

2. Clinical data mining (CDM)
   • On casework, OT & program

3. Individual interviews with staff members

4. Second staff retreat (January 2014)
   • Critical review
   • Formulating strategic directions
First staff retreat (Nov. 2012)

• SWOT analysis conducted
• Critically reviewed the 3 service components
• Identified 3 action plans ➔ 3 F/U groups were formed
  1. Mission statements development
     • Guide service development & operation
  2. Conceptual models identification
     • Guide professional development & service quality/efficacy
  3. Program reorganization
     • Refocusing, restructuring
CDM - casework

- 100% sampling, studied all cases
  - Except those cases still ongoing as at June 2013
- N = 283

- Service users
  - SMI vs. CMD vs N/A = 40:30:30

- Incoming pathway
  - Referred vs. self-refer = 70:30

- Intake assessment
  - Clinical observations, e.g. MSE
  - Standardized measures: BPRS, SLICLS
  - Setting intervention goals
• Length of casework service
  • Median: 1 – 1.5 years
  • Mostly completed by 2.5 years (96%)
  • SMI > CMD > N/A

• Services used at ICCMW
  • Casework only 68.5% (SMI: 57%)
  • Casework + OT 1.5% (SMI: 3%)
  • Casework + program 23.8% (SMI: 29%)
  • Casework + OT + program 6.2% (SMI: 11%)

• Mode of service delivery (mean/client)
  • Phone call (8) > HV (7) > OPD attendance (2) > letter > escort > referral > office interview
• Outcomes
  • Significant improvements in BPRS (n=44) and SLICLS (n=42)
  • Achievements of intervention goals (n = 249 clients, totally 445 goals rated)
    • Achieved: 77.3%
    • Partially achieved: 17.3%
    • Not achieved: 6.3%
  • Rating by researchers on 4 domains (n = 283)
    1. Work/training/study
    2. Family relationship
    3. Interpersonal relationship
    4. Leisure activity
    Significant improvements in all 4 domains
• **Outgoing pathway**
  
  • Members of program service 46.3% (62.5% for SMI)
  • Not members 24.4%
  • T/O to other ICCMW 16.3%
  • Passed away 3.5%
  • Admitted to residential service 4.9%
  • Others 4.6%
CDM – OT & program

• 100% sampling, all service delivered in 2012
• Due to resources constraint, OT service not yet in full operation
• N = 147 programs
  • Duration: median 1 month, max 12 months
  • No. of sessions: median 4, max 78
  • Staffing: median 1, max 20
• Nature:
  • Interest groups 41%
  • Linkage/mass programs 27%
  • OT 1%
  • Supportive groups 17%
  • Therapeutic groups 15%
• Findings & observations
  • Over-stretched: quantity & range of service
    • Surpassed FSA by ~60%
    • Some programs only remotely related to mental health
  • Evaluation methods
    • Most common methods: Participants feedback (81%) & attendance (44%)
    • Less common methods: Observations (36.6%) & questionnaires (18.3%)
Individual interviews with staff members

- All professional staff members were invited.
- N=15
- Impressed by their insight, wisdom & innovative ideas (*Incorporated in the recommendations section)
Second staff retreat (Jan 2014)

- Reviewed the whole research process
- 3 working groups reported back
- Strategic directions fine-tuned & agreed
  (*Incorporated in the recommendations section)
Key recommendations

• Casework
  • Unlike previous ‘3-COMs’, service users are highly heterogeneous, including SMI & CMD, highly impaired to highly capable persons ➔ Single theoretical/service model inadequate & inappropriate
  • Service models for SMI & CMD have to be different
  • Nature of ‘MI’ ➔ Evidence-based medicine (EBM) approach has great limitations. Diagnosis alone informs little about intervention. Need to develop case formulation for every client.
  • Despite the limitations of EBM, still important to generate evidence of efficacy. Recommendations on strengthening outcome measures for SMI, CMD & other client groups are made (*Technical details depicted in the Research Report)
  • Interface with OT & program could be further strengthened (*see Day Centre)
• OT & Programs
  • Over stretched in quantity & range of service
  • With reference to Center’s mission statements
    • Delete programs which are only remotely related to missions
    • Identify service gaps, & add in new programs
  • To develop a few areas of excellence
    • e.g. Some staff members are keen on expressive art therapy
  • To incorporate outcome measures whenever relevant & feasible (*Technical details depicted in the Research Report)
  • To strengthen the interface among casework, OT & program (*see Day Centre)
Day Center: connecting Casework, OT & Program
• Day Center – connecting casework, OT & program
  • A Day Center can be established ‘cost-neutral’
  • Clever rescheduling of existing OT and program services ➔ backbone of Day Center
  • Some SMI clients may use Day Center ➔ Workload of case managers↓
  • For clients in crisis, including both SMI & CMD clients.
  • A **key worker system** is suggested.
  • A **client-centered operation mode** is suggested.
  • A **combined clinical file system** is suggested.
  • To promote multidisciplinary spirt, staff members with different professional background should have chance to be the coordinator of the Day Center. A **fixed-term appointment system** (say 2 to 3 years) is recommended.
Successful change management

• Change management is always (most) difficult!
• Key to successful change management
  • No short-cut, be patient & persistent
  • Highly desirable: Generating consensus in the team ➔
    Shared ownership of decisions
• Implications to staff training & development
  • To implement the recommendations & pursue
    continued quality improvement, relevant training and
    development programs for staff members are essential.
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